

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830928

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		6				
9		6				
10		6				
11		6				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		2				
21		2				
22		2				
23	1					
24		1				
25		1				
26		1				
27		1				
28		1				
29		3				
30		3				
31		3				
32	1					
33		1				
34		1				
35		1				
36		2				
37		1				
38		1				
39		1				
40		1				
41		1				
42		①				
43		1				
44	1					
45		1				
46		1				
47		1				
48		3				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58			1			
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67			1			
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76			1			
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88			1			
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	39	↓		↓
TOTAL CLAIMS			44			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS